

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 145200009		CITY OR TOWN	WESTPOR	T
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: WESTPORT CI	LUB, INC.			
DOING BUSI	NESS A				
ADDRESS 904	4 MAIN RD.				
CITY/TOWN:	WESTPORT	STATE: MA	ZIP CODE:	02790	
MANAGER:	WOODCOCK, T DENNIS	YPE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		ı
DESCRIPTION	N OF LICENSED PREM	MISES:			
ONE STORY	BLDG, TWO ROOMS,	KITCHEN AND STOR	AGE ROOM		
I hereby certify	y and swear under penalt	ies of perjury that:			
1. the	renewed license will be	of the same type for the	same premises now	licensed;	
2. the	licensee has complied w	ith all laws of the Comm	nonwealth relating to	taxes; and	
3. the	premises are now open f	for business (If not expla	ain below)		
SIGNED BY:					
	Individual, Parti	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
XX7. 41		(1) 41.	4:6: 4	. 1 b Cb 4 -	204 - C41
	signed, attest that we a signed by the building				
	the certificate of lique				
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:	11,01101110	
DISAPPROVE	ED:		Ž		
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145200012		CITY OR TOWN	WESTPOR	RT .
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: MARGUERITE'S	INC.			
DOING BUSINESS	S A				
ADDRESS 778 MA	IN ROAD				
CITY/TOWN: WE	ESTPORT	STATE: MA	ZIP CODE:	02790	
MANAGER: KAN MAI	NE, TY RGUERITE	PE OF LICENSE:Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
	NING ROOM,KITCH 2 EXITS ON THE S THE BASEMENT				
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	ved license will be of	the same type for the	same premises now	licensed;	
2. the licens	see has complied with	n all laws of the Com	monwealth relating t	o taxes; and	
3. the prem	ises are now open for	business (If not exp	ain below)		
SIGNED BY:	Individual, Partne	r or Authorized Corp	orate Officer		
	11101 / 10001, 1 01010	or ramione corp			
DATE:	TELEDION	IE NILIMDED.	FMPI OVE	R IDENTIFICAT	TION NUMBER:
	TELEPHON	NE NUMBER:			ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	WESTFORT
APPLICATION FOR RENEWAL: Annual	LICEN	SED FOR 2013
CLASS		YEAR
LICENSEE NAME: LAFRANCE BROS., INC.		
DOING BUSINESS A WHITE'S REST.		
ADDRESS 66 STATE RD.		
CITY/TOWN: WESTPORT STATE: MA	ZIP CODE:	02790
MANAGER: LAFRANCE, TYPE OF LICENSE: FICHARD	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
FIRST FLOOR-6 ROOMS, 2ND FLR; STORAGE,NEW AS NORTH,WEST AND EAST SIDES. SEATING CAPACITY BAR;VESTIBULE AND COVERED ENTRY REST ROOM	Y OF 750. BAR,LOU	NGE,PORTABLE
I hereby certify and swear under penalties of perjury that:		
1 the general license will be of the some type for t	ha cama pramicae nou	licansadi
1. the renewed license will be of the same type for the	ne same premises now	ncenseu,
 the licensee has complied with all laws of the Cor 	•	
	mmonwealth relating t	
2. the licensee has complied with all laws of the Con	mmonwealth relating t plain below)	
the licensee has complied with all laws of the Con the premises are now open for business (If not ex SIGNED BY:	mmonwealth relating t plain below)	
the licensee has complied with all laws of the Con the premises are now open for business (If not ex SIGNED BY:	mmonwealth relating t plain below) rporate Officer EMPLOYE	
the licensee has complied with all laws of the Cords. the premises are now open for business (If not ex SIGNED BY: Individual, Partner or Authorized Cords.)	mmonwealth relating to plain below) rporate Officer EMPLOYER (Note: NOT Inc.) the certificate required of the fire depart	o taxes; and R IDENTIFICATION NUMBER: dividual Social Security Number) ed by Chapter 304 of the ment for the above named
2. the licensee has complied with all laws of the Cor. 3. the premises are now open for business (If not ex. SIGNED BY: Individual, Partner or Authorized Cor. DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the here.	mmonwealth relating to plain below) rporate Officer EMPLOYER (Note: NOT Inc.) the certificate required of the fire departer required by Chapter	o taxes; and R IDENTIFICATION NUMBER: dividual Social Security Number) ed by Chapter 304 of the ment for the above named
2. the licensee has complied with all laws of the Cord 3. the premises are now open for business (If not ex SIGNED BY: Individual, Partner or Authorized Cord DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	mmonwealth relating to plain below) rporate Officer EMPLOYER (Note: NOT Inc.) the certificate required of the fire departer required by Chapter	o taxes; and R IDENTIFICATION NUMBER: dividual Social Security Number) ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
2. the licensee has complied with all laws of the Cord 3. the premises are now open for business (If not exemple to business). Individual, Partner or Authorized Cord DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1). Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance. Please Check Below: APPROVED: DISAPPROVED:	mmonwealth relating to plain below) reporate Officer EMPLOYER (Note: NOT Inc.) the certificate required of the fire depart to required by Chapter LOCAL LICENS	o taxes; and R IDENTIFICATION NUMBER: dividual Social Security Number) ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
2. the licensee has complied with all laws of the Cord 3. the premises are now open for business (If not ex SIGNED BY: Individual, Partner or Authorized Cord DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	mmonwealth relating to plain below) reporate Officer EMPLOYER (Note: NOT Inc.) the certificate required of the fire depart to required by Chapter LOCAL LICENS	o taxes; and R IDENTIFICATION NUMBER: dividual Social Security Number) ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
2. the licensee has complied with all laws of the Cord 3. the premises are now open for business (If not exemple to business). Individual, Partner or Authorized Cord DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1). Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance. Please Check Below: APPROVED: DISAPPROVED:	mmonwealth relating to plain below) reporate Officer EMPLOYER (Note: NOT Inc.) the certificate required of the fire depart to required by Chapter LOCAL LICENS	o taxes; and R IDENTIFICATION NUMBER: dividual Social Security Number) ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 145200017		CITY OF	R TOWN	WESTPOR	T
APPLICATION FOR	R RENEWAL:	Annual CLASS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 576 STA	A ORIENTAL PEAL	INC.				
CITY/TOWN: WES	STPORT	STATE: N	MA ZIP (CODE:	02790	
MANAGER: CHU	, SHEE WANG TYP	E OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
DESCRIPTION OF I		ES:				
ONE BLDG, ALL ENDING ROOM NEW ADDITION, S	M, ONE COCKTAIL	LOUNGE WIT		_		
2. the license	ed license will be of the has complied with see are now open for limited.	he same type for all laws of the C	Commonwealth	relating to		
SIGNED BY:	Individual, Partner	or Authorized C	Corporate Offic	er		
DATE:	TELEPHONI	E NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are l by the building ins certificate of liquor l	pector and the	head of the fir	re departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	iin)		LOCAI By:	L LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145200019		CITY OR TOWN	WESTPORT
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	W.A.&R. OUELLE A V.F.W. U.S., INC. TE RD.	TTE POST #8502		ILAK
CITY/TOWN: WE	STPORT	STATE: MA	ZIP CODE:	02790
	DEIROS, TYPI IGLAS E.	E OF LICENSE: Ve	terans club Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI		MAIL ADDRESS	
	LICENSED PREMIS		E AND TWO STOR	ACE DOOMS EIDST
	REST ROOMS,KITC R, COAT ROOM AN		E AND I WO STOR	AGE ROOMS,FIRST
	ee has complied with a ses are now open for be Individual, Partner	ousiness (If not expl	ain below)	o taxes; and
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	d by the building insp	pector and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 145200020		CITY OR TOWN WESTP	ORT
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: P.&G. BOWI	LING W., INC		
DOING BUSINES	SS A HOLIDAY	LANES		
ADDRESS 236 S	TATE ROAD			
CITY/TOWN: W	VESTPORT	STATE: MA	ZIP CODE: 02790	
	Γ. GELAIS, OBERT R.	TYPE OF LICENSE: Rest	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION C)F LICENSED PR	REMISES:		
SHOP, 7 STORAG BOWLING ALLE	GE ROOMS, UTI EYS; ENTRANCE	LITY ROOM, TWO OFFICE AND EXIT ON RT.6, RE	ING ROOM, GAME ROOM CES, TWO REST ROOMS. 2 AR AND BOTH SIDES OF I CKTAIL LOUNGE ONLY	24
I hereby certify an	d swear under per	nalties of perjury that:		
1. the ren	ewed license will	be of the same type for the s	same premises now licensed;	
2. the lice	ensee has complied	d with all laws of the Comm	onwealth relating to taxes; an	d
3. the pre	mises are now ope	en for business (If not explain	in below)	
SIGNED BY:	Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Acts of 2004, sign	ned by the buildi	ng inspector and the head	certificate required by Cha of the fire department for t equired by Chapter 116 of the	he above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(ii disapproved ex	.praiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145200021		CITY OR TOWN WI	ESTPORT		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: SAMODI,INC.					
DOING BUSINESS A WESTPORT MA	RKET				
ADDRESS 291 AMER LEGION HWY					
CITY/TOWN: WESTPORT	STATE: MA	ZIP CODE: 02	790		
MANAGER: SALIBI, RABIH TYP	E OF LICENSE: Pacl	kage Store CATE	GORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	<u></u>		
DESCRIPTION OF LICENSED PREMIS	ES:				
ONE FLOOR, FOUR ROOMS, NO CELI ROOM USED FOR DISPLAY; ENTRAN EAST AND NORTH SIDES					
2. the licensee has complied with3. the premises are now open for		=	es; and		
SIGNED BY: Individual, Partner	or Authorized Corpor	rate Officer			
DATE: TELEPHON	E NUMBER:		NTIFICATION NUMBER: al Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 145200023		CITY OR TO	WN WESTPOR	T
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
	ALBERT E. LEES, I A LEES SUPERMAR				
ADDRESS 796-80 M	IAIN RD				
CITY/TOWN: WES	TPORT	STATE: MA	ZIP CODI	E: 02790	
MANAGER: LEES III	, ALBERT E. TYPE	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	ES:			
SELLING GROCER STORAGE ROOMS	NCES FROM MAIN IES AND ALCOHOL FOUR ROOMS THA FOR STORAGE: 60 X	IC BEVERAGES A AT OPEN INTO EA	AND ATTATC ACH OTHER A	HED REAR ARE IND TWO OFFI	A, CES:
I hereby certify and s	wear under penalties o	f perjury that:			
1. the renewe	ed license will be of th	e same type for the	same premises	now licensed;	
2. the license	e has complied with a	ll laws of the Com	nonwealth relat	ing to taxes; and	
3. the premis	es are now open for b	usiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT $oldsymbol{T}$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LIC By:	ENSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 145200024	CITY OR TOWN WE	SIPORI
APPLICATION FOR	RENEWAL: Annu	al LICENSED	FOR 2013
	CLAS	SS	YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 233 SAN	A		
CITY/TOWN: WES	STPORT STATE:	MA ZIP CODE: 027	790
MANAGER: BRIE	RE, RICHARD TYPE OF LICEN	SE:Package Store CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
]	PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
	LICENSED PREMISES:		
ONE SALES ROOM	, 2 COOLER STORAGE AREAS	AND FOUR STORAGE AND S	STOCK ROOMS
3. the premis	ses are now open for business (If no Individual, Partner or Authorized		
	,		
DATE:	TELEPHONE NUMBER:		TIFICATION NUMBER: I Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)	LOCAL LICENSING By:	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145200025		CITY OR TOWN	WESTPOR	Т	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS			YEAR	
LICENSEE NAME: JAI SHIVAM, IN	NC				
DOING BUSINESS A WATUPPA PA	CKAGE STORE				
ADDRESS 151- STATE RD					
CITY/TOWN: WESTPORT	STATE: MA	ZIP CODE:	02790		
MANAGER: PATEL, JIGAR T	YPE OF LICENSE:Pacl	kage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		•	
DESCRIPTION OF LICENSED PREM	IISES:				
CEMENT BLOCK BUILDING; LARC STORAGE ROOMS WITH OVERHEA ENTRANCE/EXIT AND TWO EMER	AD DOORS FOR RECE	EIVING GOODS; C		EAR	
 the renewed license will be of the licensee has complied with the premises are now open for 	th all laws of the Comm	nonwealth relating to			
SIGNED BY: Individual, Partn	er or Authorized Corpor	rate Officer			
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY	
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145200026		CITY OR TOWN	WESTPORT
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Naseeb Corp			
DOING BUSINESS A STATE ROA	AD PACKAGE STORE		
ADDRESS 787 STATE RD			
CITY/TOWN: WESTPORT	STATE: MA	ZIP CODE:	02790
MANAGER: Patel, Girish	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
EXIT AND FREIGHT ON ELMWO RETAIL AND ONE FOR STOCK, I BLDG FOR EXPANDED SELLING SAME LOCATION	NEW ADDITION TO TH	HE WEST SIDE OF	THE EXISTING
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	e same premises now	licensed;
2. the licensee has complied	with all laws of the Com	monwealth relating to	taxes; and
3. the premises are now open	n for business (If not expl	ain below)	
SIGNED BY: Individual Pa	rtner or Authorized Corp	orate Officer	
marvidual, i u	ruler of Authorized Corp	orate Officer	
DATE: TELEDI	HONE NUMBER	EMPLOYER	R IDENTIFICATION NUMBER:
TELEP	HONE NUMBER:		ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145200029	C	TTY OR TOWN	WESTPOR	RT .
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: HOLY GHO	ST CLUB OF WESTPORT, 1	INC.		
DOING BUSINESS A				
ADDRESS 171 SODOM RD.				
CITY/TOWN: WESTPORT	STATE: MA	ZIP CODE:	02790	
MANAGER: HART JR., KENNETH H.	TYPE OF LICENSE:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICENSED PR	REMISES:			
CELLAR AND UPPER FLOOR				
I hereby certify and swear under per				
	be of the same type for the sa	•		
•	d with all laws of the Commo	· ·	o taxes; and	
3. the premises are now ope	en for business (If not explain	below)		
SIGNED BY:	artner or Authorized Corpora	to Officer		
murviduai, r	armer of Aumorized Corpora	te Officei		
DATE.				
DATE: TELEF	PHONE NUMBER:			FION NUMBER: Security Number)
		(100c. <u>1101</u> III	iividuai sociai s	security Number)
We the undersigned, attest that w				
Acts of 2004, signed by the buildi license and (2) the certificate of li				
		_		
Please Check Below: APPROVED:		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145200030		CITY OR TOWN W	ESTPORT
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: ROYAL LIQU	ORS & CONVENIENC	E INC.	
DOING BUSINESS A WESTPORT	WINE & SPIRITS		
ADDRESS 655 STATE RD			
CITY/TOWN: WESTPORT	STATE: MA	ZIP CODE: 02	2790
MANAGER: LEDOUX,DAWN M.	ГҮРЕ OF LICENSE: <mark>Pa</mark>	ckage Store CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
BRICK BLDG. SALES RM ALL ON RD. TWO REAR DRS FOR DELIVI SQ.FT. ADDITIION TO BE USED F	ERIES ONE BATHROO	OM ONE WALK I N CO	
I hereby certify and swear under penal	lties of perjury that:		
1. the renewed license will be	e of the same type for the	e same premises now lice	nsed;
2. the licensee has complied	with all laws of the Com	monwealth relating to tax	es; and
3. the premises are now open	for business (If not exp	ain below)	
SIGNED BY:		0.00	
Individual, Par	tner or Authorized Corp	orate Officer	
DATE			
DATE: TELEPH	ONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
		(1700) <u>1701</u> marvida	ar Social Security (Varioti)
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145200041		CITY OR TOWN	WESTPOR'	Т
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	JAY MAA DURC	GA INC.			
DOING BUSINESS A	HARRY'S COU	NTRY STORE			
ADDRESS 646 AME	RICAN LEGION	HWY			
CITY/TOWN: WES	ГРОКТ	STATE: MA	ZIP CODE:	02790	
MANAGER: PATE PUSH	L, TY PABEN	TPE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	ISES:			
ONE STORY UNIT I LEGION HIGHWAY			O SQ FT ENTANCE F. RY	ACING AME	ERICAN
	-	r business (If not ex	mmonwealth relating to	taxes, and	
	Individual, Partne	er or Authorized Con	rporate Officer		
DATE:	TELEPHOI	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 145200042		CITY OR TOWN	N WESTPOR	RT .
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: BADKITTY, INC				
DOING BUSINES	S A THE BACK EDD	Y			
ADDRESS 1 BRII	OGE RD				
CITY/TOWN: W	ESTPORT	STATE: MA	ZIP CODE:	02790	
MANAGER: LIC SA	OTTA, TYP LVATORE	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
	F LICENSED PREMIS				
SERVING AREA, OFFICES, TWO E	ILDING WITH DINING DINING AREA, OUT EXITS ON THE NORTH ATED ON THE DOCK	SIDE BAR, TWO R H SIDE AND ONE	ESTROOMS. 2N EXIT ON THE W	D FLOOR HA	S TWO
I hereby certify and	d swear under penalties	of perjury that:			
1. the rene	ewed license will be of t	he same type for the	same premises no	w licensed;	
2. the licer	nsee has complied with	all laws of the Com	nonwealth relating	g to taxes; and	
3. the pren	mises are now open for l	ousiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building ins e certificate of liquor l	pector and the head	l of the fire depar	rtment for the	above named
Please Check Below:	_		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(11 disappioved exp	Jianii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 145200046		CITY OR TOWN W	ESTPORT
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N	AME: THE BAYSIDE	E RESTAURANT, INC	2.	
DOING BUSI	NESS A			
ADDRESS 12	253 HORSENECK ROA	'D		
CITY/TOWN	: WESTPORT	STATE: MA	ZIP CODE: 02	2790
MANAGER:	CARROLL, ROBERT E.	ΓΥΡΕ OF LICENSE:R	estaurant CATE	GORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
OFFICE, OUT			G ROOM, KITCHEN, STO WITH AWNING; TWO	
I hereby certif	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	ne same premises now licer	nsed;
2. the	licensee has complied v	with all laws of the Cor	nmonwealth relating to tax	tes; and
3. the	premises are now open	for business (If not exp	plain below)	
SIGNED BY		tner or Authorized Cor	porate Officer	
	marviduai, i ai	iner of Authorized Cor	porate Officer	
DATE:	TELEDII	ONE NUMBER.	FMPI OVER IDE	NTIFICATION NUMBER:
	TELEPH	ONE NUMBER:		al Social Security Number)
*** 41		• 40	1 11	CI 4 204 64
			he certificate required by ad of the fire department	
		_	required by Chapter 11	
Please Check Bel	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 145200047		CITY OR TO	OWN WESTPOR	RT .
APPLICATION F	OR RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAMI	E: MARGARITIS P	APAMARGARITAS	\$		
DOING BUSINES	SS A MEDITERRAN	IEAN CAFE & PIZZ	ARIA		
ADDRESS 549 Al	MERICAN LEGION	HIGHWAY			
CITY/TOWN: W	ESTPORT	STATE: MA	ZIP COL	DE: 02790	
	PAMARGARITISTY IARGARITIS	YPE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREM	ISES:			
THE BACK LEAD BAKING OVENS	WITH MAIN DOOR DING TO DECK. RE , REFRIGERATOR A , BEER AND WINE	STAURANT HAS 1	8 TABLES, LA	RGE COUNTER,	2 PIZZA
I hereby certify and	d swear under penalti	es of perjury that:			
1. the rene	ewed license will be o	f the same type for th	e same premise	s now licensed;	
2. the lice	nsee has complied wi	th all laws of the Con	nmonwealth rela	ating to taxes; and	
3. the prei	mises are now open for	or business (If not exp	olain below)		
SIGNED BY:	Individual, Partn	er or Authorized Cor	oorate Officer		
DATE:	TELEPHO	NE NUMBER:		LOYER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we an ned by the building i e certificate of liquo	nspector and the he	ad of the fire d	epartment for the	above named
Please Check Below:	_		LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	plain)				
(11 disappioved ex	ριαιιι <i>)</i>				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145200048		CITY OR TOV	VN WESTPO	RT
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	P.D. FOODS, INC.				
DOING BUSINESS A	PORTAS DA CIDA	DE			
ADDRESS 231 STAT	TE ROAD				
CITY/TOWN: WES	ГРОКТ	STATE: MA	ZIP CODE	: 02790	
MANAGER: CHITA	AS, NUNO M. TYPE	OF LICENSE: R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	S:			
ONE STORY CEMEN					AREA,
KITCHEN, PREWAS ENTRANCE AND EX	H AREA. OFFICE UT				DNED
ENTRANCE/EXIT IN					
I hereby certify and sw	vear under penalties of	perjury that:			
1. the renewed	d license will be of the	same type for the	ne same premises i	now licensed;	
2. the licensee	e has complied with all	laws of the Cor	nmonwealth relati	ng to taxes; and	[
3. the premise	es are now open for bus	siness (If not ex	olain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Cor	porate Officer		
DATE:			EMDLO	WED IDENTIFIC	ATION NI IMPER.
DATE.	TELEPHONE N	NUMBER:		Γ Individual Social	ATION NUMBER: Security Number)
			(· · · · · · <u>- · · · · · · · · · · · · </u>	_ marriadar social	became runneer,
	, attest that we are in	_			
	by the building inspe- ertificate of liquor lial				
Please Check Below:			LOCAL LIC	ENSING AUTI	HORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	EK: 145200049		CITYO	RIOWN	WESTPOR	.1
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME	E: THE WESTP	ORTER PLANTATION	& COOKI	ERY,INC.		
DOING BUSINES	S A THE WEST	PORTER				
ADDRESS 1031 N	IAIN ROAD					
CITY/TOWN: W	ESTPORT	STATE: MA	ZIP	CODE:	02790	
MANAGER: DE	Y, JANICE P.	TYPE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRE	SS		_
DESCRIPTION OF	F LICENSED PR	EMISES:				
RESTROOM, EAT	TING AREA ANI TICE, ENTRANC	ENTRANCE AND STOI DENTRANCE. EXIT TO E AND EXITS ARE AS ON EAST SIDE	DECK. S	SECOND I	LEVEL; STO	RAGE
I hereby certify and	l swear under pen	alties of perjury that:				
		be of the same type for the	•			
	•	l with all laws of the Com		•	o taxes; and	
3. the pren	nises are now ope	en for business (If not exp	lain below	')		
SIGNED BY:	Individual, Pa	artner or Authorized Corp	orate Offi	cer		
DATE:	TELEP	HONE NUMBER:				TON NUMBER:
			(No	ote: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, sign	ed by the buildi	e are in possession (1) the ng inspector and the hea quor liability insurance	d of the fi	ire depart	ment for the	above named
Please Check Below:			LOCA	L LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	lain)		_			
(11 disappioved exp	Juill)					_
DATE:						
			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145200050		CITY OR TOWN	WESTPOR	K1
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	J & S RESTAUR	ANT ENTERPRISES	, INC.		
DOING BUSINESS	A KOZY NOOK F	RESTAURANT			
ADDRESS 645 STA	ATE ROAD				
CITY/TOWN: WE	STPORT	STATE: MA	ZIP CODE:	02790	
MANAGER: ABR	RAMS, JEFFREYTY	PE OF LICENSE: Res	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
		OX 4200 SQ FT; MA TITS IN DINING ROO			
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	f the same type for the	same premises no	w licensed;	
2. the licens	see has complied wit	h all laws of the Comn	nonwealth relating	to taxes; and	
3. the premi	ises are now open fo	r business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigne	ed, attest that we ar	e in possession (1) the	e certificate requi	red by Chapt	er 304 of the
		spector and the head			
license and (2) the	certificate of liquor	r liability insurance r	equired by Chapt	ier 116 of the A	Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
DATE:			-		
J.111J.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145200052	•	CITY OR TOWN WES	IPORI
APPLICATION FOR 1	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME: .	JOE'S CAFÉ & LOUNGE	LLC		
DOING BUSINESS A	JOE'S CAFÉ LOUNGE			
ADDRESS 549 AMER	RICAN LEGION HIGHWA	ΑY		
CITY/TOWN: WEST	PORT STA	ATE: MA	ZIP CODE: 0279	90
MANAGER:	TYPE OF L	ICENSE: Rest	aurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:			
	. LOCATED ON THE FIR AGE IN BASEMENT.SEA			
I hereby certify and sw	ear under penalties of perju	ıry that:		
1. the renewed	l license will be of the same	type for the s	ame premises now license	ed;
2. the licensee	has complied with all laws	of the Commo	onwealth relating to taxes	; and
3. the premise	s are now open for business	s (If not explai	n below)	
SIGNED BY:				
	Individual, Partner or Auth	orized Corpor	ate Officer	
DATE:	TELEPHONE NUM	BER:		TIFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
We the undersigned,	attest that we are in poss	ession (1) the	certificate required by (Chapter 304 of the
Acts of 2004, signed l	by the building inspector	and the head	of the fire department fo	or the above named
license and (2) the cer	rtificate of liquor liability	insurance re	quired by Chapter 116 o	of the Acts of 2010.
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	l)			
				<u> </u>
DATE:				
DAIE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145200053		CITY OR TOW.	N WESTPOR	XI
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	L				
ADDRESS					
CITY/TOWN: WEST	ГРОКТ	STATE: MA	ZIP CODE:	02790	
MANAGER:	TY	PE OF LICENSE: Resi	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
I hereby certify and sw	ear under penaltie	s of perjury that:			
1. the renewed	d license will be of	the same type for the	same premises no	w licensed;	
2. the licensee	has complied with	h all laws of the Comm	nonwealth relating	g to taxes; and	
3. the premise	s are now open for	r business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corpor	rate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	122211101	,21,61,1221	(Note: NOT	Individual Social S	Security Number)
		e in possession (1) the espector and the head			
		· liability insurance re			
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			,		
(If disapproved explain	n)				
DATE					
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY I	LICENSEES DURING THE MO	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 14	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN WESTPORT
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: HIXBRIDGE HOSPITALITY, LLC	
DOING BUSINESS A TEN COUSINS' BRICK OVEN	
ADDRESS 977 MAIN ROAD	
CITY/TOWN: WESTPORT STATE: MA	ZIP CODE: 02790
MANAGER: LAFRANCE, SEAN TYPE OF LICENSE: Rest R.	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FREE STANDING WOOD BUILIDNG , DINING AREA, SEF DECK. FOUR DOORWAYS TO ENTER AND EXIT. SERVIO AND OUTSIDE ON THE BACK PATIO/DECK AREA.	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the s	same premises now licensed;
2. the licensee has complied with all laws of the Comm	nonwealth relating to taxes; and
	nonwealth relating to taxes; and
2. the licensee has complied with all laws of the Comm	nonwealth relating to taxes; and in below)
the licensee has complied with all laws of the Comm the premises are now open for business (If not explain SIGNED BY:	nonwealth relating to taxes; and in below)
the licensee has complied with all laws of the Comm the premises are now open for business (If not explain SIGNED BY:	nonwealth relating to taxes; and in below)
the licensee has complied with all laws of the Comm the premises are now open for business (If not explain SIGNED BY:	nonwealth relating to taxes; and in below)
the licensee has complied with all laws of the Comm the premises are now open for business (If not explain SIGNED BY: Individual, Partner or Authorized Corporation DATE	certificate required by Chapter 304 of the of the fire department for the above named
2. the licensee has complied with all laws of the Comm 3. the premises are now open for business (If not explain SIGNED BY: Individual, Partner or Authorized Corpor DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance respectively.	certificate required by Chapter 304 of the of the fire department for the above named
2. the licensee has complied with all laws of the Comm 3. the premises are now open for business (If not explain the prem	certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
2. the licensee has complied with all laws of the Comm 3. the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises (If not explain the premises are now open for business (If not explain the premises are now open for busi	certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
2. the licensee has complied with all laws of the Comm 3. the premises are now open for business (If not explain the prem	certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
2. the licensee has complied with all laws of the Comm 3. the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises are now open for business (If not explain the premises (If not explain the premises are now open for business (If not explain the premises are now open for busi	certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY